



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: PARKVIEW HUNTINGTON HOSPITAL

City of Hospital: Huntington

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/0012 (mm/dd/yyyy format)

Person Completing the  
Report: Sonya Foraker

Email Address: sonya.foraker@parkview.com

Medicare Provider Number: 150091

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$33679780
Outpatient Patient Service Revenue	\$82894270
Total Gross Patient Service Revenue	\$116574050

2. Deductions From Revenue

Contractual Allowance	\$58290245
Other Deductions	\$4440925
Total Deductions	\$62731170

3. Total Operating Revenue

Net Patient Service Revenue	\$53842880
Other Operating Revenue	\$4119015
Total Operating Revenue	\$57961895

4. Operating Expenses

Salaries and Wages	\$11682643	Employee Benefits	\$3914044
Depreciation and Amortization	\$945082	Interest Expense	\$23559
Bad Debt	\$6307894	Other Expenses	\$20692029
Total Operating Expenses	\$43565251		

### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$14396644	Total Assets	\$42730933
Net Non-operating Gains over Loss	\$3091289	Total Liabilities	\$42730933
Total Net Gains	\$17487933		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$45449238	\$33752033	\$11697205
Medicaid	\$18726036	\$16991419	\$1734617
Other Government	\$0	\$0	\$0
Other State	\$1764546	\$1426513	\$338033
Other Payers	\$50634230	\$10561205	\$40073025
Total	\$116574050	\$62731170	\$53842880

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$220072	\$-220072

### Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

### Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$7523	\$-7523

Hospital Patients	\$0	\$0	\$0
Community Education	\$633	\$42349	\$-41716

Number of Medical Professionals Trained	41
Number of Hospital Patients Educated	42073
Number of Citizens Exposed to Health Education Messages	4061

Statement Six: Charity Statement
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Hospital Charity Charges	\$4440925
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1096806	
HCI Payments	\$0		
Subtotal	\$0	\$1096806	\$-1096806
Medicaid Shortfalls	\$1734617	\$4626900	
Subtotal	\$1734617	\$5723706	\$-3989089
DSH Payments	\$0		
Subtotal	\$1734617	\$5723706	\$-3989089
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$1734617	\$5723706	\$-3989089

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$3078551	\$-3078551
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$39502	\$-39502

